

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000429

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: WALTON COUNTY ART LEAGUE, INC.

**Current Principal Place of Business:**

1558 US HWY 331 SO UNIT B  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

375 POPE ST  
FREEPORT, FL 32439

**New Mailing Address:**

FEI Number: 59-3363420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANNON, JANIS G  
375 POPE ST  
DEFUNIAK SPRINGS, FL 32433 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: VINSON, MARY  
Address: 301 SO 11 ST  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: P ( ) Delete  
Name: HANNON, JANIS  
Address: 375 POPE ST  
City-St-Zip: FREEPORT, FL 32439

Title: VP ( ) Delete  
Name: KROSS, CHERYL  
Address: 1757 CO HWY 192  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S ( ) Delete  
Name: KELLOGG, BARBARA  
Address: 60 MCCLENDON KING RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: TD ( ) Delete  
Name: FRIZZELL, PAMELA  
Address: 580 TWIN LAKES DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANIS G HANNON

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date